

# Priority 3: The Nebraska public health system has expanded health promotion capacity to deliver public health prevention programs and services across the lifespan.

One of the main keys to success in preventing the unhealthy behaviors that are associated with heart disease, cancer and the other leading causes of death is the ability of the public health system and its partners to deliver effective health promotion programs and policies across the life span. The SHIP Health Promotion Priority includes four major objectives focusing on building the health promotion capacity at the state and local levels, including improving competencies and leadership skills in the public health workforce.

Indicator	Description	Time Period	Actual Value	Current Trend
<b>R</b>	The Nebraska public health system has an organizational framework for health promotion capacity.			
<b>I</b>	The effectiveness of collaborative health promotion efforts has been assessed.	—	—	—
<b>I</b>	An implementation plan has been developed and implemented.	—	—	—
<b>I</b>	A pilot program to improve coordination is implemented.	—	—	—
<b>P</b>	Develop an organizational framework and implementation plan to build health promotion capacity.			
<b>PM</b>	Implementation plan including organizational framework developed.	2015	0	→ 1
<b>PM</b>	Percentage of public health practitioners reporting collaborative health promotion or community outreach efforts that are excellent or very good in terms of the strength of the collaboration.	2015	76.6%	→ 0
<b>R</b>	The Nebraska public health system has improved health promotion workforce and leadership competency.			
<b>I</b>	Health promotion workforce competencies are developed and assessed.	—	—	—
<b>I</b>	A training plan to support health promotion competencies is developed.	—	—	—
<b>I</b>	A recruitment and retention plan for health promotion workforce is developed and implemented.	—	—	—
<b>P</b>	Identify health promotion workforce competencies and leadership skills.			
<b>PM</b>	Percentage of DHHS public health workforce reporting at least a basic level of competency in skills related to health promotion.	2013	25.1%	→ 0
<b>PM</b>	Percentage of DHHS public health workforce reporting at least a basic level of competency in skills related to evaluation.	2013	52.2%	→ 0
<b>R</b>	<b>Evidence-Based</b> The Nebraska public health system implements high-priority evidence-based health promotion programs or practices.			
<b>I</b>	<b>SHIP</b> Evidence-based health promotion programs or practices targeting high priority populations are identified and implemented.	—	—	—
<b>I</b>	<b>SHIP</b> Completed return-on-investment studies are disseminated.	—	—	—
<b>P</b>	<b>SHIP</b> Implement two to three high priority evidence-based health promotion programs or practices.			
<b>PM</b>	<b>SHIP</b> Number of evidence-based health promotion programs or practices implemented that target high priority population groups.	2015	3	↗ 1
<b>PM</b>	<b>SHIP</b> Number of return-on-investments studies on public health programs completed and distributed.	2015	0	→ 1
<b>R</b>	The Nebraska public health system provides training on evaluating health promotion programs and policies.			
<b>I</b>	Needs assessment of public health workforce completed.	—	—	—
<b>I</b>	Training programs to support public health workforce are identified and facilitated.	—	—	—

I Technical assistance on evaluation is provided to local health departments.

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P Provide at least four trainings on evaluating health promotion programs and policies.

Time Period Actual Value Current Trend

PM Number of trainings provided on evaluating health promotion programs and policies. 2015 4 ↗ 1

PM Number of public health workforce staff participating in trainings on evaluating health promotion programs and policies. 2015 159 ↗ 1